

## TRAVEL EXPENSE CLAIM

06/09

See Instructions and \*Privacy  
Statement on Reverse Side

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STD. 262 (REV. 7/2005)

CLAIMANT'S NAME Cynthia Bryant		SSN or EMPLOYEE NUMBER*		DEPARTMENT Planning & Research	
POSITION Director		DIVISION or BUREAU Governor's Office		INDEX NUMBER 352	
RESIDENCE ADDRESS*		HEADQUARTERS ADDRESS 1400 Tenth Street		TELEPHONE NUMBER	
CITY [REDACTED]		STATE CA		ZIP 95814	

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
4/28	5:00	Sac to LA to Dulles	455.72			11.51		479.20		87.00	29 15.95		1,049.38
4/29						18.00							18.00
4/30		Dulles to LA	125.54		10.00	18.00				69.00			222.54
5/1	13:50	LA		2.62						68.75			71.37
5/4	6:00	Sac to LA		6.00						33.00			39.00
5/4	14:15	Burbank to Sac									58 31.90		31.90
(10) SUBTOTALS			581.26	8.62	10.00	47.51		479.20		257.75	87 47.85		1,432.19
COLUMN CODE (ACCTG. USE ONLY)													

CLAIM TOTAL

1,432.19

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

4/29 Represented the State of California at the National Governor Association sponsored

ARRA Implementation Conference in Washington, D.C.

5/1 Staffed the Governor for a meeting at the Beverly Hilton Hotel with Mark Fabiani re: the I-5 expansion

5/4 Staffed the Governor for the Stimulus Funding for Youth Summer Jobs press conference at

LA City Hall

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

4NMC786

(14) MILEAGE RATE CLAIMED

0.55

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

DATE

6-10-09

(16) SIGNATURE OF APPLICANT

DATE

6-10-09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE